City of SACRAMENTO
Office of Cannabis Management

Cannabis Business DBA Name Change Form

Instructions:

This document is only for recordkeeping purposes and supplemental to the original application or permit on file with the City. This form must be signed and submitted by an ***owner*** listed on the application and/or permit. Please fully complete all applicable section and submit to cannabis@cityofsacramento.org along with all required supporting documentation.

Legal Business Name:_____

DBA:_____

Business Operating Permit (BOP) Number:_____ **Business Type**:_____

Business Premises Address:_____

Mailing Address:_____

Primary Application Contact:

If this is not the applicant on the permit, please fill out both sections below:

Name:_____ **Title**:_____

Phone Number:_____ **Email**:_____

Permit Applicant:

Name:_____ **Title**:_____

Phone Number:_____ **Email**:_____

City of SACRAMENTO
Office of Cannabis Management

SECTION A: Doing-Business-As (DBA)

New DBA:_____
(*Must match Sacramento County Fictitious Business Name Statement*)

***Required Documentation Submissions**:*

- Sacramento County Fictitious Business Name Statement
  - Filed with Sacramento County and includes an expiration date

SECTION B: DBA Removal

DBA - Removing:_____

***Required Documentation Submissions**:*

- Sacramento County Statement of Abandonment of Use of Fictitious Business Name
  - Filed with Sacramento County

Certifications:
I certify that the information contained herein is true and correct. I understand that the information contained in this document is subject to disclosure under the California Public Records Act.

Name:_____ **Title**:_____

Signature:_____ **Date**:_____

A copy of this form must be retained and made available upon the request of City Officials.

FOR STAFF USE ONLY:

Staff Signature:_____ **Date**:_____